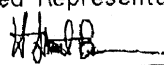


<b>MEMORANDUM OF INSURANCE</b>		Date Issued:  06/13/2006			
Insured:  Christine Tetzloff Phd PO Box 264 Payson, AZ 85547-0264		This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the policy and/or certificate listed below.			
		Company Affording Coverage  Ace American Insurance Company			
Producer:  Trust Risk Management Services, Inc. 181 W Madison St Ste 2900 Chicago, IL 60602-4643		Covered Person (Status)	Owner  X		
		Christine Tetzloff Phd	Employee		
This is to certify that the policy and/or certificate listed below has been issued to the insured named above for the policy and/or certificate period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain. The insurance afforded by the policy and/or certificate described herein is subject to all terms, exclusions and conditions of such policy and/or certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Policy and/or Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability				Each incident	\$ 1,000,000
Claims Made	58G22112090	10/01/2005	10/01/2006	Annual aggregate	\$ 3,000,000
Retro Date: 10/24/1997					
Memorandum Holder  AHCCCS State of Arizona 701 E Jefferson St Phoenix, AZ 85034-2215		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AND/OR CERTIFICATES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.			
		Authorized Representative:  			

# Commercial Certificate of Insurance

**FARMERS**

Agency  
Name  
&  
Address

- MARK GREEN
- 814 N BEELINE HWY #F
- PAYSON AZ 85541

Issue Date (MM/DD/YY) 05/30/06

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 88 Dist. 02 Agent 19

## Companies Providing Coverage:

Insured  
Name  
&  
Address

- CHRISTINE TETZLOFF PHD
- 814 N BEELINE HWY #I
- PAYSON AZ 85541

Company A Truck Insurance Exchange  
Letter  
Company B Farmers Insurance Exchange  
Letter  
Company C Mid-Century Insurance Company  
Letter  
Company D

## Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A	<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	603197136	07/27/05	07/27/06	General Aggregate Products-Comp/OPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)	\$ 2,000,000.00 \$ 2,000,000.00 \$ 1,000,000.00 \$ 1,000,000.00 \$ 75,000.00 \$ 5,000.00
A	<input checked="" type="checkbox"/> Automobile Liability All Owned Commercial Autos <input checked="" type="checkbox"/> Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	603197136	07/27/05	07/27/06	Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate	\$ 1,000,000 \$ \$ \$ \$
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit	\$ \$ \$

## Description of Operations/Vehicles/Restrictions/Special items:

CERTIFICATE HOLDER HAS BEEN NAMED ADDITIONAL INSURED ON POLICY# 603197136.

## Certificate Holder

Name  
&  
Address

- STATE OF AZ - AHCCCS
- PO BOX 25520
- 801 E JEFFERSON
- PHOENIX AZ 85002

## Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

## STATE OF ARIZONA

## SUBSTITUTE W-9 &amp; VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print  
or Type information

☒ Taxpayer Identification Number (TIN) **314-58-8152**
☐ Employer Identification Number (EIN)
 ☐ State of Arizona HRIS EIN  
 State of Arizona Employees ONLY

☒ Legal Name  
 Must match TIN above

Christina Erin Tetzeloff, PhD NC

☒ Entity Type Select one of the following

- ☐ Corporation (NOT providing health care, medical or legal services) (5A)  
☐ Corporation (providing health care, medical or legal services) (5M)  
☐ Partnership/LLP (5T)  
☐ PLLC/LLC (5C)  
☒ Individual/Sole Proprietor (5I)  
☐ The US or any of its political subdivisions or instrumentalities (2G)  
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)  
☐ Tax-exempt organization under IRC §501 (5O)  
☐ An international organization or any of its agencies or instrumentalities (5U)  
☐ State of Arizona employee (1E)  
☐ Other, Tax reportable entity (5P)

☒ Minority Business Indicator Select one of the following

- ☒ Small Business (01)  
☐ Small Business- African American (23)  
☐ Small Business- Asian (24)  
☐ Small Business- Hispanic (25)  
☐ Small Business- Native American (27)  
☐ Small Business- Other Minority (05)  
☒ Small, Woman Owned Business (06)  
☐ Small, Woman Owned Business- African American (29)  
☐ Small, Woman Owned Business- Asian (30)  
☐ Small, Woman Owned Business- Hispanic (31)  
☐ Small, Woman Owned Business- Native American (33)  
☐ Small, Woman Owned Business- Other Minority (11)  
☐ Woman Owned Business (03)  
☐ Woman Owned Business- African American (17)  
☐ Woman Owned Business- Asian (18)  
☐ Woman Owned Business- Hispanic (19)  
☐ Woman Owned Business- Native American (21)  
☐ Woman Owned Business- Other Minority (08)  
☐ Minority Owned Business- African American (04)  
☐ Minority Owned Business- Asian (32)  
☐ Minority Owned Business- Hispanic (74)  
☐ Minority Owned Business- Native American (15)  
☐ Minority Owned Business- Other Minority (02)  
☐ Non-Profit, IRC §501(c) (88)  
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☒ Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

PO Box 264

Address

Address continued

City **Payson** State **AZ** Zip code **85547**

☐ Remit to Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City State Zip code

☒ Contact Information

Name

Christina Tetzeloff, PhD

Phone #

(928) 472-8323 EXT

Fax

(928) 468-1447

email

c.tetzeloff@cybartools.com

☒ Certification

Under Penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
- I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Christina Tetzeloff, PhD

Title

Independent contractor

Date

5-30-2006

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR &amp; STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching

☐ Corporation Commission

☐ HRIS

☐ Other

☐ Other

Vendor Number

MC

Processed by

Date Processed

JANET NAPOLITANO  
GOVERNOR



WILLIAM BELL  
DIRECTOR

**ARIZONA DEPARTMENT OF ADMINISTRATION  
RISK MANAGEMENT SECTION**

100 North 15<sup>th</sup> Avenue, Suite #301  
Phoenix, Arizona 85007  
Telephone: (602) 542 2182; Facsimile: (602) 542 1800  
On-line: 'azrisk.state.az.us'

**SOLE PROPRIETOR WAIVER**

**NOTE: THIS FORM APPLIES ONLY TO STATE OF ARIZONA AGENCIES, BOARDS, COMMISSIONS, UNIVERSITIES UTILIZING SOLE PROPRIETORS WITH NO EMPLOYEES, IF YOU ARE CONTRACTING WITH A CORPORATION, LIMITED LIABILITY COMPANY, PARTNERSHIP OR SOLE PROPRIETORS WITH EMPLOYEES, THIS FORM DOES NOT APPLY.**

The following is a written waiver under the compulsory Workers' Compensation laws of the State of Arizona, A.R.S. 23-901 (et. seq.), and specifically, A.R.S. 23-961(O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

I am a sole proprietor and I am doing business as Cristine Tetzloff, PhD (name of Sole Proprietors Business). I am performing work as an independent contractor for the State of Arizona, AHCCCS/Contract #5CC060004, for workers' compensation purposes, and therefore, I am not entitled to workers' compensation benefits from the State of Arizona, AHCCCS/Contract #5CC060004.

I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.

Name of Sole Proprietor: <u>Cristine Tetzloff, PhD nka</u>		
Social Security Number: <u>314 - 58 - 8152</u>		
Telephone Number: <u>(928) 472-8323</u>		
Street Address / P.O.Box: <u>PO Box 204</u>		
City: <u>Payson</u>	State: <u>AZ</u>	Zip Code <u>85547</u>
Signature of Sole Proprietor: <u>Cristine Tetzloff, PhD</u>		Date: <u>5-30-2006</u>

State Agency: <u>AHCCCS</u>	Agency # <u>230</u>
Signature of Agency Contract Administrator: <u>Michael Whit</u>	Date: <u>7.18.06</u>

Both signatures must be signed and the completed form submitted to the State of Arizona, Department of Administration, Risk Management Section, Insurance Unit, 100 North 15<sup>th</sup> Avenue, Suite 301, Phoenix, Arizona 85007. An authorized Risk Management Representative will sign your completed form and return it to the agency to be maintained in their records.

Kurt Waller 19 JUL 2006

Signature of Risk Management Authorized Signer

Date